

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295021		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/28/2010	
NAME OF PROVIDER OR SUPPLIER SOUTHERN NEVADA MEDICAL AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2945 CASA VEGAS STREET LAS VEGAS, NV 89109			
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F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Complaint Investigation survey conducted at your facility on July 28, 2010. Complaint #NV00026016 was substantiated. (See TAG's F279, F500, F501 and F520) Ten closed records were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:			F 000			
F 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise			F 279			8/19/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279	<p>Continued From page 1</p> <p>be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and document review, the facility failed to ensure a comprehensive care plan was developed and implemented by an interdisciplinary team from the facility and the dialysis agency for 10 of 10 sampled residents (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10).</p> <p>Findings include:</p> <p>A review of the records for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10 revealed the care plans for dialysis services were not coordinated between the dialysis agency and the facility. The dialysis care plans did not delineate what the responsibility of the dialysis agency was in regards to hemodialysis treatments of the residents. There was no documentation the dialysis agency was included in the development and implementation of the care plan.</p> <p>On 7/28/10 in the afternoon, Employee #2 verified the dialysis staff were not involved with the care plan for the residents.</p> <p>The Independent Contractor Agreement for Hemodialysis Services (Inpatient) signed on 4/21/09, documented the following: "...1.3 Coordination of Services: In order to facilitate Facility's achievement of its goals and objectives,</p>			F 279			

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F 279	Continued From page 2 and the efficient delivery of appropriate care to Facility residents. Facility, through its Administrator and Medical Director, and Provider, through its designated representative, shall coordinate their activities in connection with the provision of Services hereunder. These individuals shall meet to develop and implement the resident care plans and to exchange all information useful and necessary for the care of the resident ... "			F 279			
F 500 SS=E	<p>Complaint #NV00026016</p> <p>483.75(h) OUTSIDE PROFESSIONAL RESOURCES-ARRANGE/AGRMNT</p> <p>If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or an agreement described in paragraph (h) (2) of this section.</p> <p>Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and the timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and document review, the facility failed to ensure</p>			F 500			8/19/10

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F 500	<p>Continued From page 3</p> <p>there was a written coordination agreement signed by the Dialysis Provider and the facility which delineated respective responsibilities and accountability for routine treatment, emergency care, care planning, and communication.</p> <p>Findings include:</p> <p>Document Review</p> <p>The "Independent Contractor Agreement for Hemodialysis Services (Inpatient)," dated April 21, 2009, stated as follows:</p> <p>"This Agreement for Inpatient Hemodialysis Services (the "Agreement") is made this 21st day of April 21, 2009, by and between THI of Nevada at Vegas Valley, LLC, d/b/a Vegas Valley Rehabilitation Hospital ("Facility") and Swan Dialysis Services, LLC ("Provider").</p> <p>Whereas, Facility operates a skilled nursing facility and is in need of an experienced company to provide hemodialysis services to Facility residents; and,</p> <p>Whereas, Provider is engaged in the business of providing hemodialysis services as an independent contractor for health care facilities and other providers; and</p> <p>Whereas, Provider employs or contracts with qualified staff to perform such hemodialysis services; and</p> <p>Whereas, the parties wish to set forth herein their agreement regarding the terms and conditions on which Provider shall perform hemodialysis services at Facility.</p> <p>Now therefore, in consideration of the premises and mutual covenants set forth herein, the parties agree as follows:</p>			F 500			

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F 500	<p>Continued From page 4</p> <p>1. Engagement; Responsibilities of Provider and Facility.</p> <p>1.1(a). Provider agrees to perform said Services through employees and/or independent contractors of Provider ("Provider Staff") who are qualified and appropriately licensed and/or certified to perform all functions assigned to them by Provider in connection with the provision of Services by Provider hereunder...</p> <p>1.3. Coordination of Services: In order to facilitate the Facility's achievement of its goals and objectives, and the efficient delivery of appropriate care to Facility residents, Facility, through its Administrator and Medical Director, and Provider, through its designated representative, shall coordinate their activities in connection with the provision of Services hereunder. These individuals shall meet to develop and implement the resident care plans and to exchange all information useful and necessary for the care of the resident.</p> <p>4. Personnel; Inservices; Policies/Procedures:</p> <p>4.1. Provider Staff shall work under the direct orders of a qualified nephrologist/physician.</p> <p>4.2. Facility nursing staff directly responsible for resident care shall be available at all times to provide care not directly related to the hemodialysis. Provider and Facility have devised protocols for the handling of all medical and non-medical emergencies and have attached a copy of those protocols hereto as Exhibit A.</p> <p>4.3. At Facility's request, Provider shall coordinate and perform inservice instruction to Facility staff in areas including but not limited to assessing Thrill and Bruit of access, signs and symptoms to report to Provider Staff or physician, intake and output, diet and medication, guidelines for care of dialysis residents.</p>			F 500			

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F 500	<p>Continued From page 5</p> <p>4.4. Provider shall supply Facility with a current copy of those portions of Provider's policy and procedure manuals pertinent to the Services to be performed under this Agreement and, upon Facility's request, resumes for all Provider Staff working pursuant to this Agreement.</p> <p>8. Records.</p> <p>8.4. Progress notes shall be written upon completion of each resident's hemodialysis treatment. A copy of the attending nephrologist's/physician's orders, progress notes, and dialysis flow sheets shall be part of the resident's medical record, which record is owned and maintained by Facility."</p> <p>1. The facility failed to ensure a contract was followed and maintained regarding coordination of services: On 7/28/10 in the afternoon, Employee #1 and Employee #2 verified the contract did not specify the responsibilities of each the dialysis agency and the facility regarding coordination of services.</p> <p>2. The Facility failed to ensure a contract was followed and maintained regarding coordination of care plans for residents receiving inpatient dialysis treatment: -On 7/28/10 in the afternoon, Employee #2 verified the dialysis staff were not involved with the care plan for the residents. Based on chart review, it was determined the care plans for 10 of 10 sampled residents lacked specific care and services to be provided by the facility and the dialysis agency. -On 7/28/10 in the afternoon, Employee #2 indicated there were no policies and procedures regarding involvement by the dialysis agency's dietitian and social worker to communicate with</p>			F 500			

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F 500	<p>Continued From page 6</p> <p>the facility, coordinate care and services, and develop the care plan for the residents. Employee #2 further indicated that it was the general practice that only the facility's dietitian and social worker were involved with the care and service coordination, and the dialysis provider's dietitian and social worker were not involved.</p> <p>3. The facility failed to ensure (Employee #1) coordinated provisions of dialysis care: On 7/28/10 in the afternoon, the Employee #1 and Employee #2 indicated Employee #1 was not involved with the specific responsibilities of the contract between the dialysis agency and the facility. Employee #1 further indicated there was no involvement of the inpatient dialysis agency services to the Quality Assessment and Quality Assurance Committee.</p> <p>4. The facility failed to ensure a contract was followed and maintained regarding in-servicing to facility employees: On 7/28/10 in the afternoon, it was verified the contract of inpatient dialysis services was implemented 4/21/09. Employee #1 and Employee #2 indicated the dialysis agency had only provided in-servicing and training to facility nurses in January and February of 2010 regarding emergency actions to be taken to discontinue dialysis treatment. There was no documented evidence of any in-servicing for facility staff of emergency discontinuation of dialysis, assessing thrill and bruit of access, signs and symptoms to report to provider staff or physician, intake and output, diet and medication, and guidelines for care of dialysis residents.</p> <p>5. On 7/28/10 in the afternoon, Employee #1 and</p>			F 500			

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F 500	<p>Continued From page 7</p> <p>Employee #2 indicated the dialysis agency had provided the following written guidelines / protocols to the facility outlining the facility's responsibilities of the care and treatment of dialysis patients:</p> <p>"Swan Dialysis Services Dialysis Orders Guidelines: -Treatment Time -Dialyzer or Artificial Kidney -Blood Flow rate - the rate of blood coming out per minute. -Dialysate Flow rate of DFR - the rate of the solution to the Dialyzer per minute. -Potassium Bath or K bath -Heparinization (bolus or Instillation) -Blood pressure support (NS (normal saline) or Albumin) -Kindly provide patients meds. (medications) i.e.: Aranesp, Epogen, Zemplar, Venofer or ferlicit. -Last dialysis treatment from hospital; if possible fax the most recent dialysis flow sheet from the hospital to Dr. (Name of Physician). Dialysis Sample Order: -Hemodialysis 3 hours (or 3.5 to 4 hrs) -F180 or F160 dialyzer (artificial kidney) -BFR - 350-400 (blood flow rate - depends on the Nephrologists) -DFR - 500-800 -2k bath (1,3k, -depend on pts (patient's) labs or pts K level. -Heparin (1000u (units) bolus etc.) some MD's (medical doctors) only say - NO, Low or Tight, or Systemic heparinization - Techs (technicians) will understand. -NS for blood pressure support Albumin might also be given. -Maintain BP (blood pressure) > 100.</p>			F 500			

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F 500	<p>Continued From page 8</p> <p>Swan Dialysis Services Guidelines: ...-Pls. (please) get patient's pre and post weights for patients...."</p> <p>Employee #2 further verified it was the facility's responsibility (specifically the charge nurse's responsibility) to ensure the weights were obtained and provided to the dialysis technician (the resident's weights prior to and after the dialysis treatment).</p> <p>Resident #1</p> <p>Resident #1 was admitted 7/3/10, and discharged 7/22/10, with a diagnosis of end stage renal disease.</p> <p>There was no documented evidence of a coordinated plan of care for the dialysis treatment, interventions, and measured goals.</p> <p>The Dialysis treatment flow sheets, dated 7/6/10, 7/8/10, 7/15/10, and 7/20/10, lacked documented evidence of the resident's pre and post weights.</p> <p>The Dialysis treatment flow sheets, dated 7/10/10 and 7/17/10, lacked documented evidence of the resident's post weight.</p> <p>Resident #2</p> <p>Resident #2 was admitted 6/11/10, and discharged 7/2/10, with a diagnosis of end stage renal disease.</p> <p>The Dialysis treatment flow sheets, dated 6/12/10, 6/15/10, 6/17/10, and 6/29/10, lacked documented evidence of the resident's pre and</p>			F 500			

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F 500	<p>Continued From page 9 post weights.</p> <p>The Dialysis treatment flow sheets, dated 6/19/10, 6/22/10, 6/24/10, 6/26/10, and 7/1/10, lacked documented evidence of the resident's post weights.</p> <p>Resident #3</p> <p>Resident #3 was admitted 4/7/10, and discharged 4/14/10, with a diagnosis of end stage renal disease.</p> <p>The Dialysis treatment flow sheet, dated 4/13/10, lacked documented evidence of the resident's pre and post weights.</p> <p>The Dialysis treatment flow sheet, dated 4/10/10, lacked documented evidence of the resident's weights.</p> <p>The only weight record in the resident's chart was the weight record completed by the Restorative Nursing Assistant (RNA) on the following dates:</p> <p>4/8/10: 139.2 pounds 4/9/10: 131.4 pounds 4/12/10: 162.0 pounds 4/13/10: 158.8 pounds</p> <p>On 7/28/10 in the afternoon, Employee #2 reviewed the record with the surveyor and verified there was no documentation that the physician and the registered dietitian were made aware of the resident's documented 31.4 pound weight gain between 4/9/10 and 4/12/10. Employee #2 indicated that it was the policy that the weight record was completed by the RNA and it was the</p>			F 500			

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F 500	<p>Continued From page 10</p> <p>responsibility of the RNA staff to obtain the weight measurements of residents pre and post dialysis.</p> <p>Resident #4</p> <p>Resident #4 was admitted 3/16/10, and discharged 3/31/10, with a diagnosis of end stage renal disease.</p> <p>The Dialysis treatment flow sheets, dated 3/18/10, 3/20/10, and 3/25/10, lacked documented evidence of the resident's pre and post weights.</p> <p>The Dialysis treatment flow sheets, dated 3/23/10, 3/27/10, and 3/30/10, lacked documented evidence of the resident's post weights.</p> <p>Resident #5</p> <p>Resident #5 was admitted to the facility on 7/2/10, with a diagnosis of end stage renal disease. The resident had an order for in-house hemodialysis treatment at the facility.</p> <p>1. On 7/17/10, Resident #5 had dialysis treatment conducted by the contracted dialysis agency technician. The dialysis treatment sheet dated on 7/17/10, indicated Resident #5 had pre dialysis blood pressure (BP) of 74/55. According to the facility's protocols for dialysis (documented above), the blood pressure should be greater than 100.</p> <p>2. Review of Resident #5's dialysis treatment sheets, dated 7/8/10, 7/10/10, 7/13/10, and 7/15/10, lacked documented evidence that the</p>			F 500			

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F 500	<p>Continued From page 11</p> <p>resident's weight was obtained pre-dialysis and post-dialysis treatment.</p> <p>Resident #8</p> <p>Resident #8 was admitted to the facility on 4/26/10, with a diagnosis of end stage renal disease. A physicians order dated 4/27/10, indicated hemodialysis treatments on Monday, Wednesday and Friday at the facility.</p> <p>Review of Resident #8's dialysis treatment sheets, dated 4/28/10, 4/30/10, 5/3/10, 5/5/10, 5/7/10, and 5/13/10, lacked documented evidence that the resident's weight was obtained pre-dialysis and post-dialysis treatment.</p> <p>Resident #10</p> <p>Resident #10 was admitted to the facility on 5/5/10, with a diagnosis of end stage renal disease. The resident received hemodialysis treatments at the facility on 5/11/10, 5/13/10, 5/15/10 and 5/18/10. There was no documented evidence that Resident #10's weights were obtained pre dialysis and post dialysis treatment.</p>			F 500			
F 501 SS=E	<p>Complaint #NV00026016</p> <p>483.75(i) RESPONSIBILITIES OF MEDICAL DIRECTOR</p> <p>The facility must designate a physician to serve as medical director.</p> <p>The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility.</p>			F 501			8/19/10

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295021		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/28/2010	
NAME OF PROVIDER OR SUPPLIER SOUTHERN NEVADA MEDICAL AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2945 CASA VEGAS STREET LAS VEGAS, NV 89109			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 501	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure the medical director was responsible for reviewing the policy and procedures related to the care of dialysis residents and the coordination of care for dialysis residents as documented in the dialysis agreement.</p> <p>Findings include:</p> <p>There was no documented evidence that the facility's Medical Director was involved in the coordination of care for residents being treated in the facility by the contract. Employee #2, indicated on 8/4/10, she was unaware if the Medical Director was involved in reviewing the agreement between the contracted dialysis agency and the facility for the coordination of care.</p> <p>The Independent Contractor Agreement for Hemodialysis Services (Inpatient) signed on 4/09 and reviewed, documented the following: " ...1.3 Coordination of Services: In order to facilitate Facility ' s achievement of its goals and objectives, and the efficient delivery of appropriate care to Facility residents. Facility, through its Administrator and Medical Director, and Provider, through its designated representative, shall coordinate their activities in connection with the provision of Services hereunder. These individuals shall meet to develop and implement the resident care plans and to exchange all information useful and necessary for the care of the resident ... "</p>			F 501			

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F 520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, the facility failed to include the in-house, contracted dialysis provider services as part of their quality assessment and assurance program.</p> <p>Findings include: On 7/28/10 in the afternoon, Employee #2</p>	F 520			8/19/10

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F 520	Continued From page 14 indicated that the in-house, contracted dialysis provider services was not part of the facility's Quality Assessment and Assurance program. Complaint #NV00026016			F 520			